

County: Dane
ATTIC ANGEL PLACE HEALTH CENTER
8301 OLD SAUK ROAD

Facility ID: P010

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MIDDLETON 53562 Phone:(608) 662-8842
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 42
Total Licensed Bed Capacity (12/31/02): 44
Number of Residents on 12/31/02: 41

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? No
Average Daily Census: 39

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		51.2
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		29.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		19.5
Day Services	No	Mental Illness (Org./Psy)	34.1	65 - 74	7.3			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	14.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	2.4	85 - 94	68.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	7.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.4		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	2.4	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	29.3		-----	RNs		23.3
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		2.3
Other Services	Yes	Respiratory	2.4	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.5	Male	14.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	85.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	216			0	0.0	0	0	0.0	0	36	100.0	216	0	0.0	0	0	0.0	0	41	100.0
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0				0	0.0		0	0.0		36	100.0		0	0.0		0	0.0		41	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
		Independent		One Or Two Staff				Residents	
Private Home/No Home Health	7.8	Bathing	0.0	87.8	12.2	41			
Private Home/With Home Health	0.0	Dressing	4.9	85.4	9.8	41			
Other Nursing Homes	14.1	Transferring	7.3	78.0	14.6	41			
Acute Care Hospitals	71.9	Toilet Use	7.3	75.6	17.1	41			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	68.3	24.4	7.3	41			
Rehabilitation Hospitals	0.0	*****							
Other Locations	6.3								
Total Number of Admissions	64	Continence	% Special Treatments		%				
Percent Discharges To:		Indwelling Or External Catheter	7.3	Receiving Respiratory Care	14.6				
Private Home/No Home Health	9.8	Occ/Freq. Incontinent of Bladder	68.3	Receiving Tracheostomy Care	0.0				
Private Home/With Home Health	27.9	Occ/Freq. Incontinent of Bowel	31.7	Receiving Suctioning	0.0				
Other Nursing Homes	0.0			Receiving Ostomy Care	2.4				
Acute Care Hospitals	11.5	Mobility		Receiving Tube Feeding	0.0				
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	34.1				
Rehabilitation Hospitals	0.0								
Other Locations	24.6	Skin Care	Other Resident Characteristics						
Deaths	26.2	With Pressure Sores	12.2	Have Advance Directives	97.6				
Total Number of Discharges		With Rashes	4.9	Medications					
(Including Deaths)	61			Receiving Psychoactive Drugs	58.5				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership:	Bed Size:		Licensure:		All	
		%	Nonprofit Peer Group	Under 50		Skilled		Facilities	
			% Ratio	% Ratio		% Ratio		% Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds		88.6	87.5 1.01	84.3 1.05		85.3 1.04		85.1 1.04	
Current Residents from In-County		87.8	79.3 1.11	74.1 1.19		81.5 1.08		76.6 1.15	
Admissions from In-County, Still Residing		28.1	21.8 1.29	26.0 1.08		20.4 1.38		20.3 1.38	
Admissions/Average Daily Census		164.1	124.6 1.32	97.7 1.68		146.1 1.12		133.4 1.23	
Discharges/Average Daily Census		156.4	129.0 1.21	97.5 1.60		147.5 1.06		135.3 1.16	
Discharges To Private Residence/Average Daily Census		59.0	50.5 1.17	33.1 1.78		63.3 0.93		56.6 1.04	
Residents Receiving Skilled Care		100	94.7 1.06	94.6 1.06		92.4 1.08		86.3 1.16	
Residents Aged 65 and Older		100	96.2 1.04	98.3 1.02		92.0 1.09		87.7 1.14	
Title 19 (Medicaid) Funded Residents		0.0	56.7 0.00	57.5 0.00		63.6 0.00		67.5 0.00	
Private Pay Funded Residents		87.8	32.8 2.68	36.6 2.40		24.0 3.66		21.0 4.17	
Developmentally Disabled Residents		0.0	0.5 0.00	0.8 0.00		1.2 0.00		7.1 0.00	
Mentally Ill Residents		34.1	35.5 0.96	34.4 0.99		36.2 0.94		33.3 1.02	
General Medical Service Residents		19.5	23.8 0.82	17.7 1.10		22.5 0.87		20.5 0.95	
Impaired ADL (Mean)		47.8	50.4 0.95	49.4 0.97		49.3 0.97		49.3 0.97	
Psychological Problems		58.5	54.7 1.07	50.4 1.16		54.7 1.07		54.0 1.08	
Nursing Care Required (Mean)		8.5	6.9 1.24	7.2 1.18		6.7 1.27		7.2 1.19	